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E. P. H (1948) Department.

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Dated 19. 1. 48.

[Despatch Abstract.]

TUBERCULOSIS : FIFTH SESSION OF THE EXPERT COMMITTEE : REPORT : COMMUNICATED TO THE SURGEON-GENERAL.

F.F.2-5/47.PH.1
GOVERNMENT OF INDIA,
Ministry of Health.

New Delhi, the 8th January 1948.

From

P.S. Doraswami, Esquire, B.A.,
Assistant Secretary to the Government of India.

To

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

Sir,

I am directed to forward herewith for information a copy of the Report of the First Session of the Expert Committee on Tuberculosis set up by the Interim Commission of the United Nations World Health Organisation.

I have the honour to be,
Sir,
Your most obedient servant
Sd/.
Assistant Secretary.

GOVERNMENT OF MADRAS
Abstract.

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TUBERCULOSIS - Fifth Session of the Expert Committee - Report - Communicated to the Surgeon- General.

Education & Public Health Department.

G.O. (Ms) No. 170.P.H. Dated, the 19th January 1948
READ - the following:-

From the Government of India, Ministry of Health, Letter No.F2-5/47-PH-1 dated the 8th January 1948.

ORDER:

Communicated to the Surgeon-General.

(By order of His Excellency the Governor)

Sd/
Joint Secretary to Government.

To the Surgeon-General (with enclosure).
To the Director of Public Health.

UNITED NATIONS
WORLD HEALTH ORGANISATION.

INTERIM COMMISSION.

WHO. 1C/95
WHO. 1C/T/1
8 August 1947

Expert Committee on Tuberculosis.

Report of the 1st Session.

Office International d' Hygiene Publi, Paris.

30th July - 2 August 1947.

A. Introduction.
B. Fields of Activity.
C. Techniques for Control
d. Emergency Measures.
e. Tuberculosis Secretariat and Finance
F. Dissemination of Information
G. Composition and Functions of Expert Committee on Tuberculosis.
Summary.

EXPERT COMMITTEE ON TUBERCULOSIS.

At the third session of the Interim Commission of the World Health Organisation held in Geneva in April 1947, it was resolved to set up an expert committee on Tuberculosis. The Chairman of the Interim Commission and the Executive Secretary agreed to appoint the following members of this committee, after approaching their respective Governments:-

Dr. P.D.'Arcy Hart - Medical Research Council, London.
Dr. Herman Hillebee. U.S. Public Health Service, Washington. D.C
Dr. Johannes Holum - State Serum Institute, Copenhagen.

An inviation to the Government of the USSR to suggest the name of a Russian member for the committee was sent. The attendance of an expert was arranged, but his sudden illness prevented his coming to Paris.

The Expert Committee on Tuberculosis appointed by the Interim Commission met in Paris from 30th July to 2nd August 1947.

The following members were present:-

Dr. P.D'Arcy Hart
Dr. Herman Hillebee,
Dr. Johannes Holm.

Dr. Holm was elected Chairman. The Secretary to the Expert Committee, Dr. J.B.McDougall and Dr. W.Gellner (WHO, IC Field Services) were in attendance.

The Committee unanimously agreed to forward the following statements and recommendations to the Interim Commission of the World Health Organisation with a view to their submission to the World Health Organis Assembly:-

A. Introduction: It is recognised that tuberculosis is a world problem of great magnitude. The Committee is fully in accord with the decision of the Interim Commission that tuberculosis, malaria and veneral disease are infectious diseases deserving the highest priorities for its activities.

There can be no isolationism in the field of health. The fight against infectious disease is not national or a racial problem; it is a task for the whole humanity. No nation is safe if another nation is vanquished by disease. The fortunate and relatively healthy nations, inspired by intelligent self-interest and human consideratio will ~~naturally~~ necessarily have to come to the aid of stricken nations, and through money, professional personnel and equipment, distribute existing resources to the needy and suffering areas of the world.

Tuberculosis control work of an international scope must go forward if present suffering and disability are to be alleviated and future generations protected. The all-inclusive objective of any sound tuberculosis programme is the prevention and eventual eradication of tuberculaosis from the peoples of the world. Poverty, shortages of food and housing and the lack of ~~opportunity~~ opportunity for gainful occupation, complicate the task enormously and make it necessary for us to share and distribute our resources where they will do the most good in the shortest possible time.

B. Fields of Activity: There are five well defined fields of activity in which we must work and direct our efforts on a planned basis if tuberculosis is to be systematically eliminated - (1) Prevention, (2) Case finding (3) Isolation and medical care (4) Rehabilitation and after-care (5) Social and economic protection of afflicted families.

No one of these activities can be effective alone. They all must operate together and in proper sequence.

C. Techniques for control: It is not enough merely to recognise and describe the obhectives of a tuberculosis control programme. It is also necessary to have clearly defined and firmly established

techniques for the achievement of these objectives. The following recommendations include eleven principle techniques for tuberculosis control, which may be used singly, in groups and finally all together if the world Health Organisation programme is to be comprehensive and wholly effective:-

1. The first technique is the determination of the extent of the problem of tuberculosis in each country, the present means and facilities at its disposal, the manner in which these facilities are being used to tackle the problem and the additional facilities required. Countries with little information available should be encouraged to record at least simple basic data. It is recommended that schedules (now being prepared by the Expert Committee) be filled in by the experts of the Secretariat who actually go into the countries at their request; these schedules should be kept up-to-date at regular intervals.

2. One of the most important techniques that works towards the realisation of the objectives of tuberculosis control is the recruitment and training of professional personnel. In most countries there is at present an insufficient number of well-trained workers in this field. It is recommended that travelling fellowships be awarded to countries most in need, principally to train medical officers. There are four special fields in which trained medical officers are essential for every country - administration, epeidemiology, laboratory work and clinical work. It is estimated that one thousand such fellowships could be granted by the WHO with good effect within the next few years. It would appear wise to recommend that only fifty of these be provided in the first year in order to get the programme under way. To operate the scheme, the tuberculosis Secretariat should survey the teaching facilities throughout the world and designate acceptable teaching centres. At the same time, the Secretariat should ascertain the needs of countries for trained personnel, so that, in consultation with them, promising medical officers, especially those who show potentialities of leadership, can be selected for fellowship. Countries where the needs are greatest should be chosen first.

It is also recommended that fifteen visiting lectureships of short duration be provided to countries, especially those with teaching centres, in order to make available the latest knowledge and viewpoints of outstanding specialists.

3. The provision of physical facilities, supplies and equipment: For all phases of prevention, diagnosis and treatment is second in importance, only to the provision for pesonnel. It is recommended that the WHO should be prpeared to give expert advice to the various countries requesting such information, on the number, type and location of facilities needed, and on the best means of drawing on the successful experience of other countries. Recommendations should be given only of they are to form a part of a long range, comprehensive plan for the nation and its administrative sub division.

4. HEALTH EDUCATION is recognised as an essential tool in tuberculosis control. The general public must know the seriousness of the disease and its cost in human misery and money before it will accept its responsibility to support the work financially. It is recommended that the WHO should encourage national and international voluntary organisations to take the major responsibilities for informing the public and gaining their support.

To keep the medical profession informed on advances in tuberculosis it is recommended that the WHO prepare from time to time material on recent developments of special importance and that they provide for the circulation of specialists literature. The WHO should encourage national and international professional organisations to develop the distribution of tuberculosis literature.

5. The best way to get a new programme started, or to improve a poor one, in any country is by means of field services for the purpose of demonstrating practical activities in one or more of the special fields of administration, epidemiology, laboratory work and clinical work. Well-trained teams, even with limited supplies and

equipment can demonstrate what should be done to control tuberculosis and how to do it. It is recommended that the world Health Organisation provide demonstration teams. The size of the team and the length of its stay should vary with needs, but in any event should be kept to a minimum. Certain supplies and equipment will be necessary for these teams. An essntial condition for the demonstration will be that the country agrees beforehand to take over the project as soon as sufficient of its personnel has been trained to do so. When taken over, these field demonstrations should become national training centres, and in some cases should be designated also for international use of travelling fellows. For example, an international training centre might be established in India for training workers from various parts of Asia, where the problems to be solved are similar in nature. Areas where it is proposed to set up internationnal training centres should have first call on demonstrations if such are necessary.

The persons charged with these demonstrations could be either regular staff members of the WHO or professional personnel with temporary appointments. The person to take charge of the work when it is taken over by the local group could well beeone of the persons who had received a travelling fellowship from the World Health Organisation.

6. While it is recognised that present budgetary limitations do not permit grants of money for tuberculosis control to nations at this time, it is recommended that in future such grants should be made, in order to help nations unable to help themselves. Such grants should be made, however, only if great need is demonstrated; a complete plan submitted to show the joint use of national funds and those from the World Health Organisation and to show th t the funds are used solely for tuberculosis control and that the World Health Orgsnisation's contributions are not used to replace local funds.

7. The best contribution that can be made by the World Health Organisation in tuberculosis research would appear to be in developing and recommending uniform procedures. Special problems would required from time to time the services of small sub-commmittees of experts in highly specailised fields; where possible, members of other expert committees of the World Health Organisation should be used for this purpose. Whenever a problem comes up for the Expert Committee on Tuberculosis which involves the responsibility shared by another expert committee, one of the members of the second committee should be asked to take part in the deliberations. For example, when the Expert Committee on Tuberculosis considers the problem of tuberculin and tuberculin-testing, a member of the Expert Committee on Biological Standardisation should be asked to participate, and vice versa. It is recommended that the Committee on International Classification of Morbidity and Mortality consult with the Expert Committee on Tuberculocis. There are several suggestions our committee wishes to make on the first draft.

The principal problems which need action to estab lish uniform procedures are as follows:-

(1) Tuberculin and Tuberculin Testing;
(2) Preparation and clinical use of BCG
(3) Classification of Tuberculosis.
(4) X-ray interpretation and mass radiology;
(5) Laboratory diagnosis of Tubercle bacilli;
(6) Evaluation of new chemotherapeutic agents such as streptomycin.

Even during the period of the Interim Commission it is recommended that action be taken on (1), (2) and (6). Thus it is urged that sub-committees be appointed on tuberculin and tuberculin-testing and on BCG and that a conference be called early in 1948, on the use and value of streptomycin. This conference should bring together those who have been actively engaged in research on this drug.

8. It is recognised that several other international Organisations have been carrying on activities and have contributed in many ways to tuberculosis control. It is recommended that the WHO should take full advantage of these services and should establish

working relationship with all groups genuinely interested in tuberculosis control. Such co-operation effort would help to avoid duplication and would produce harmonious agreement in this collective enterprise. The Committee has been informed that the International Union against Tuberculosis is about to establish a branch office in Geneva. It is urged that liaison be established at once between WHO and the Union in order that their several activities go forward in unison. Co-operation with all private and official agencies, even those only partially engaged in tuberculosis control activities should be extended at every opportunity. Furthermore this Committees of the World Health Organisation and United Nations whenever questions and problems involving tuberculosis arise.

9. TUBERCULOSIS CATTLE still form an important source of tuberculosis among human beings throughout the world. Infected milk is not the only source of spread, for it has recently been demonstrated that farm workers may contract bovine tuberculosis through direct contact with diseased cattle. It is recommended that the World Health Organisation should use its influence to encourage nations whose heards have high injection rates to take active steps to eradicate tuberculosis among cattle as quickly as possible.

10. It is recommended that the WHO should be prepared to give expert advice to national governments and health departments on sound laws and regulations pertaining to human and bovine tuberculosis. The Committee proposes to study both the legal and epidemicaological aspects of the problem of tuberculosis among migrants. This would form the basis of recommendations designed to prevent the spread of this diesase from one country to another.

11. Modern public helath practice demands that public health programmes have review and evaluation at regular intervals, in order that any ineffective techniques be discharded and that more modern ones be added as new knowledge is gained. This is particularly true of a new programme. Accordingly it is recommended that the WHO make preparation for review and evaluation of its programme at yearly intervals with the advice and counsel of the Expert Committee.

D. EMERGENCY MEASURES:

Because of the epedemic proportions of tuberculosis in many countries, certain emergency measures, which require relatively small expenditure, should be applied at once. It is recommended that small demonstration teams be sent into such countries even for short periods for two principle purposes:-

(1) To carry on intensive programmes of BCG vaccination similar to those at present in operation under the Danish Red Cross in several European countries which have appealed for aid.

(2) To develop a system of collecting and exmanining sputum for tubercle bacilli on all persons who are coughing and expectorating private doctors, dispensaries and hospitals in such areas should be encouraged to assist in the demonstrations. In this way the most infectious cases can at least be identified.

The Committee wishes to emphasise that these two measures are clearly of an emergency nature. It is hoped that their initiation and successful operation will encourage the local groups to develop and carry on a more comprehensive programme.

E. TUBERCULOSIS SECRETARIAT AND FINANCE: In order to accomplish the above proposals, it is recommended that a permanent Tuberculosis Control Office be established within the World Health Organisation. This office must be adequately staffed by highly qualified professional and other personnel and provided with sufficient funds to develop the programme for the international control of tuberculosis. In addition to the funds needed for this central office certain other items requiring substantial sums of money have been included in the above proposals.

Under Heading C2, funds will be needed for fifty fellowships averaging six months each and for fifteen visiting lectureships averaging one month each. Under Heading C4, funds will be needed to publish special reports and to purchase publications for distribution to various countries. Under Heading C5, funds will probably be required for twenty demonstration teams comprising in all approximately fifty to sixty professional personnel and for their necessary travel expenses, subsistance, supplies and equipment.

Even though no funds are available yet for all these proposals which the Committee hopes the World Health Organisation will in due course accept, it is recommended that some funds be provided immediately by the Interim Commission for the emergency measures under Headings D1 and D2, for BCG vaccination and for identifying infectious cases, namely to start in certain countries, as soon as possible, programmes.

It is further recommended also that the Interim Commission provide immediate funds for the expenses of the sub-committee's meetings (on tuberculin and tuberculin in testing and in BCG) and for the conference on streptomycin, referred to under Heading C7.

F. Dissemination of Information: If the World Health Organisation Interim Commission approves of the proposals of this Committee, it is recommended that there should be wide dissemination of information concerning the services the WHO can provide.

G. COMPOSITION AND FUNCTIONS OF COMMITTEE ON TUBERCULOSIS:

It is recommended that:-

1. The terms of reference of the Committee should be to act as the advisory experts to the World Health Organisation in the field of Tuberculosis;

2. The Committee should consist of from nine to twelve experts appointed for terms of three years and eligible for re-appointment. Consideration should be given to appropriate geographical representation.

3. The Committee should be empowered to appoint its own Chairman adopt its own rules of procedure and call in other experts for temporary service on special problems when necessary.

4. There should be at least two meetings per year, each lasting approximately five days. Special meetings and conferences , other than the regular meetings, may be requested when special needs arise.

5. The Chairman of the Executive Board, in agreement with the Director-General, should appoint the first nine to twelve members from a list submitted by the Expert Committee on Tuberculosis of the Interim Commission. As newappointments need to be made, additional lists will be prepared by the Committee.

6. The time of the next meeting of the Committee should be determined by the Committee at the closing session of each meeting. The Expert Committee on Tuberculosis would like to have its next meeting not later than January 1948.

These proposals are respectfully submitted to the members of the Interim Commission of the World Health Organisation for their acceptance and approval. The Expert Committee strongly feels that with the leadership and support of the World Health Organisation, it will be possible to bring tuberculosis under international control within a reasonable period of time.

Summary.

The recommendations incorporated in this report are summarized herewith:-

1. The extent of the problem of Tuberculosis in each country should be determined.

2. There should be recruitment and training of professional personnel, with provisions for fellowships and lectureships.

3. Expert advice be given to requesting countries on the physical facilities for all phases of prevention, diagnosis and treatment..

4. Specialist literature on tuberculosis by provided by WHO.

5. Field Services be provided for the purpose of demonstrating practical activities.

6. Grants be made in the future to help nations unable to help themselves.

7. Uniform procedures be established in Tuberculin and Tuberculin Testing; the preparation and clinical use of BCG; the classification of tuberculosis; X Xray interpreation and mass radiology; laboratory diagnosis of tubercle bacilli; and in the evaluation of new therepeutic agents such as streptomycin.

8. Special sub-committees be set up at once on Tuberculin and Tuberculin Testing and on BCG, and a special conference be called early in 1948 to discuss the use and value of streptomycin.

9. Working relationship should be established with all groups genuinely interested in tuberculosis control.

10. Nations should be encouraged to take steps to eradicate tuberculosis among cattle.

11. The legal and epidemiological aspects of theproblem of tuberculosis among migrants will be studied by the Expert Committee.

12. The tuberculosis programme shall be reviewed and evaluated at regular intervals.

13. Demonstration teams should be made available at the earliest moment to deal with emergency problems by BCG vaccination and the identifying of infectious cases.

14. A Tuberculosis Control Office be established within the World Health Organisation.

15. The Committee on Tuberculosis should consist of from nine to twelve members and should act as the advisory experts to the World Health Organisation, and that there should be at least two regular meetings of this Committee each year.

16. The time of the next meeting of the Expeert Committee should be not later than January 1948.

/True copy/

- Superintendent,
Madras Record Office, Egmore.

Sk.